

Person Filing: _____(1)
Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____
Evening Phone: _____
State Bar Number: (if applicable) _____
Representing: ? Self (Without a lawyer) or ? Attorney for _____

**SUPERIOR COURT OF ARIZONA,
COUNTY OF MARICOPA (2)**

Name of Petitioner **(3)** Case Number: _____(5)
ATLAS Number: _____

and

ORDER OF ASSIGNMENT

(6) ☒ Ex Parte

☒ Automatic/After Hearing

Name of Respondent **(4)**

TO: Current and future employers or other payors of:

(7) Name: _____

Social Security Number: _____

You shall withhold court-ordered payments as follows:

(8) Current Child Support \$ _____
Spousal Maintenance \$ _____
Payments on Arrears/Interest \$ _____
Other Amounts \$ _____

for the total amount per month of \$ _____,
but no more than 50% of the disposable earnings (ARS §33-1131) to be made payable to
the Support Payment Clearinghouse, **plus an additional handling fee amount** (ARS
§25-510).

**This order modifies any previously dated orders of assignment with the same case
number as in number **(5)** above.**

(9) Case Number DR

This Order of Assignment is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor (person ordered to make support payments). If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by this Order of Assignment. Any employer or other payor of monies shall begin withholding no later than fourteen (14) days after receipt of an Order of Assignment. Payment must be sent to the Clearinghouse within two (2) business days of the date the monies were withheld.

If this is an "Ex Parte" Order, and you are the first employer or other payor served, you are ordered to serve by personal delivery or registered mail a copy of: (1) the Request, (2) the Order of Assignment, and (3) the Notice to the person ordered to pay child support or spousal support (maintenance) within ten days of the date you were served. The first employer or other payor served shall not withhold or deduct amounts specified in the Ex Parte Order of Assignment for fourteen (14) calendar days to allow the obligor an opportunity to contest the Order of Assignment, if necessary, pursuant to ARS §25-504(G).

You shall not discharge or otherwise discipline the person named in this assignment because of service of this Order of Assignment.

All Payments shall be sent to:

**Support Payment Clearinghouse
P.O. Box 52107
Phoenix, Arizona 85072-2107**

Please reference the Court Case number and ATLAS number on the first page as well as the employee's name and Social Security Number on all payments sent on the Transmittal of Payment Form.

(10) Dated: _____

Judicial Officer or Clerk of the Court

INSTRUCTIONS FOR COMPLETING AN ORDER OF ASSIGNMENT

DEFINITIONS:

"Obligor" is the person ordered to make support payments.

"Obligee" is the person or agency entitled to receive support.

COMPLETE THIS FORM FOR AN ORDER OF ASSIGNMENT IF:

You have been directed by the court to prepare an Order of Assignment.

You want to modify the Order of Assignment you may wish to seek legal advice from an attorney or you can obtain the forms from the Self-Service Center. These forms are not provided by Fax-on-Demand. You may select fax document number 106 to obtain information on obtaining forms from the Self-Service Center.

HOW TO COMPLETE THIS FORM:

Step Number	Instruction
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TYPE OR PRINT NEATLY USING **BLACK** INK. Follow the instructions given below. Match each numbered step in the instructions with the item on the attached form that has the same number.

- | | |
|-----|--|
| (1) | Type or print the name, address, phone number of the person submitting this form and the ATLAS number. An attorney must also list the name of the person represented and the attorney's State Bar Number. |
| (2) | Type or print the name of the county in which this order is being filed. (This may already be printed on the form.) |
| (3) | Type or print the name of the person who is shown as the petitioner on the order that established the support obligation. If there is no order, type or print the name of the person shown as the petitioner in the original petition filed in the case. |
| (4) | Type or print the name of the person shown as the respondent on the order that established the support obligation. If there is no order, type or print the name of the person shown as the respondent in the original petition filed in the case. |
| (5) | Type or print the case number that appears on the support order and the ATLAS number assigned to your case. If the order was issued in a county other than the one where you are filing this request and order, leave this item blank. If you do not have an order establishing a support obligation, leave this item blank. |
| (6) | If you are completing this order because you have completed a Request for an Ex Parte Assignment, mark the "Ex Parte" box.
OR
If you are completing this order for any other reason, mark the "Automatic/After Hearing" box unless the court orders you to do otherwise. |

- (7)** Type or print the complete name (first, middle and last) and the Social Security Number of the Obligor (the person ordered to make support payments.)
- (8)** If you marked the "Automatic/After Hearing " box in item (6), leave this item blank. If you marked the "Ex Parte " box in item (6), fill in the monthly amount of each obligation that you are including in your request for assignment. The current child support and spousal support amounts must be the same as the amounts listed in the Request, items (9) and (10). If you are requesting payment on arrearages (past due child support), the amount entered must be the same as the amount listed on the Request, item (14) of the Request. Then enter the total amount of all monthly obligations.
- (9)** Type or print the number that appears in item (5) above.
- (10)** Leave this area blank. The Judicial Officer or Clerk will date and sign this order.